



## MARYLAND DEPARTMENT OF HEALTH Medicaid Pharmacy Program

### Generic vs. Brand Status on Maryland's Preferred Drug List

#### Not all Generics are Preferred\*

In order for the State to enhance the benefit of the Preferred Drug List (PDL), in some instances when manufacturer rebates are taken into consideration, the multisource brand name drug is Preferred over its generic equivalent because the branded drug is more cost effective to the State than its generic counterpart. When the brand name drug is preferred, no Medwatch nor authorization is needed<sup>1</sup>. Pharmacy providers must enter a **DAW code of 6** on the claim to have it correctly priced. If any problems are encountered during the on-line claim adjudication of preferred brands, pharmacy providers must contact the state's pharmacy claims processor 24-hour help desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code. (For example, when there is other insurance).

Therapeutic Class	Preferred BRAND	Non-Preferred GENERIC
Antibiotics, Inhaled	Kitabis Pak (Inhalation)	tobramycin pak (inhalation)
Anticonvulsants	Gabitril Tablet (Oral)	tiagabine tablet (oral)
Anticonvulsants	Sabril Powder Packet <sup>3</sup>	vigabatrin powder packet <sup>3</sup>
Anticonvulsants	Sabril Tablet <sup>3</sup>	vigabatrin tablet <sup>3</sup>
Anticonvulsants	Tegretol Suspension (Oral)	carbamazepine suspension (oral)
Antiemetic/Antivertigo Agents	Transderm-Scop (Transderm) <sup>2</sup>	scopolamine (transderm) <sup>2</sup>
Bronchodilators, Beta Agonists	ProAir HFA (Inhalation)	albuterol HFA (inhalation)
Glucocorticoids, Inhaled	Pulmicort 1mg/2ml Respules	budesonide inhalation suspension (1mg/2ml)
Immunosuppressives, Oral	Cellcept Suspension (Oral)	mycophenolate mofetil suspension (oral)
Multiple Sclerosis Agents	Copaxone 20 mg/ml (Subcutaneous)	glatiramer 20 mg/ml (subcutaneous)
Opioid Use Disorder Treatments	Suboxone Film	buprenorphine/naloxone film



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**Medicaid Pharmacy Program**

Proton Pump Inhibitors  
Stimulants and Related Agents  
Stimulants and Related Agents

Prevacid Solutabs ODT  
Adderall XR Capsule (Oral)  
Focalin XR Capsule (Oral)

lansoprazole ODT  
amphetamine salt combo ER capsule (oral)  
dexamethylphenidate XR capsule (oral)

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<sup>1</sup> Unless the Program has established clinical criteria for the drug. Clinical criteria can be found by going to the below link:  
<https://mmcp.health.maryland.gov/pap/pages/Clinical-Criteria.aspx>

<sup>2</sup> Both brand and generic preferred

<sup>3</sup>Is a non-preferred drug on the PDL and will require a prior authorization by the prescriber

**\*Generic vs. Brand Status of Non-PDL Medications**

When the brand name drug is preferred, no Medwatch nor authorization is needed<sup>1</sup>. Pharmacy providers must enter a **DAW code of 6** on the claim to have it correctly priced.

Antiretroviral Agents

Norvir Tablets (Oral)

ritonavir tablets (oral)